

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013600

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED MAR 27 1962

Primary Registration District No.

500

Registrar's No.

916

VS 300
Rev. 4/59

14030

24030

3

4 0

5 1

6

7 0

8 2

9241X

10

11

1290-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY ST LOUIS,

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MOLINE ACRES

Length of stay in lb
YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 10017 BALBOA

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY ST LOUIS,

c. CITY OR TOWN MOLINE ACRES

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
10017 BALBOA

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First OSCAR

Middle

Last MEYERS

4. DATE OF DEATH

Month MARCH Day 17, Year 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/21/89

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST LOUIS MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHARLES MEYERS

13b. MOTHER'S MAIDEN NAME

CECELIA JOHNO

14. NAME OF HUSBAND OR WIFE

MARY J. MEYERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

MARY J. MEYERS 10017 BALBOA

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial ASTHMA

INTERVAL BETWEEN ONSET AND DEATH

years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Oct 17, 1961, to

and last saw him alive on

March 17, 1962

Death occurred at

7:15 p

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Walter J. Kutzke, M.D.

22b. ADDRESS

8371 N. Broadway 31962

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3/20/62

23c. NAME OF CEMETERY OR CREMATORY

ST FERDINAND

23d. LOCATION (City, town, or county)

FLORISSANT MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

STROOT - CARROLL 4600 NATURAL BRIDGE 3-19-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. W. W. R. R. R.
8331 no. 1000
1 to 5 pm
Ex 1-1060

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. W. Rieter

Licensed Embalmer No. 4865

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.